	•							1		_		iber	
•	PATENT A	APPLICATIO Effect	N FEE DI			ON RECO	RD		1070	64	F27	,	
		CLAIMS AS	FILED - (Column			mn 2)	_	MALL E		OR	• • • • • • • • • • • • • • • • • • • •		
TOTAL CLAIMS			23					RATE	FEE		PATE	FEE	
FC	OR .	•	NUMBER	FLED	NUME	SER EXTRA	1	ASIC FEE	385.00	OR	Basic Fee	770.00	
TC	TAL CHARGEA	BLE CLAIMS	23 mir	us 20=	•	3		X\$ 9=		OR	X\$18=	54	
INE	EPENDENT CL	AIMS	4 mi	nus 3 •	. 1		Ī	X43=		OR	X86=	86	
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT				T	+145=		OR	+290=		
• 11	the difference	in column 1 is	less than ze	ero, enter	*0* in •	column 2	L	TOTAL		ОЯ	TOTAL		
	c	LAIMS AS A	MENDED	- PAR	TII							THAN	
/ (Column 1) (Column						(Column 3)	_	SMALL		OR	SMALL		
MTA	15/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE	•
MENDMENT	Total	· 23	Minus	- 6	3	• /		X\$ 9=		OR	X\$18+	/	
MEN	Independent	. 4	Minus	-4/		· /		X43=	7	OR	X86=		
4	FIRST PRESE	NTATION OF MI	JUTIPLE DES	PENDENT	CLAIM		T	+145=		OR	+290=	7	
-1	9	9 14 19							H		TOTAL		
•		(Column 1)		(Calur	m 2)	(Column 3)	N	DOTT. FEE			ADDIT. PEE		
NT G	193/05	CLAHAS REMAINING AFTER - AMENDMENT	•	HIGH NUM PREVIO PAID	EST BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE	
AMENDMENT 0	Total ·	.23	Minus ·	- á	3	. 0	T	X\$ 9-		OR	X\$18=		
	Independent	• 4	Minus		4	• 1	r	X43=		OR	X88-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4145e		OR	-290÷		
			•				L	TOTAL		08	TOTAL		
(=	5/2/00			4Cab	M	(Column 3)	A	OOT. FEE			OTHER THAN SMALL ENTITY RATE FEE DASIC FEE 770.00 X\$180 SW X860 W ASSO FEE 770.00 X\$180 SW ASSO FEE 770.00 X\$180 SW ASSO FEE 770.00 ASSO FEE 770.00 ASSO FEE 770.00 ADDITIONAL FEE FEE X\$180 X880 FEE ADDITIONAL FEE FEE X\$180 X880 FEE ADDITIONAL FEE X\$180 X880 FEE X\$180 FEE X\$180 X880 FEE ADDITIONAL FEE X\$180 X880 FEE X\$180 FEE X\$180 X880 FEE ADDITIONAL FEE		
_		(Column 1) CLAIMS.		(Colur High	EST		K		ADDI-			ADDI-	
ENTC		REMAINING AFTER AMENDMENT	·	PREVIO	MELY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE		•
Ş	Total	·X3	Minus	-0	<u></u> \$/_	-		X\$ 9=		OR	X\$18a		Ì
AMENDMENT	Independent	·H	Minus	<u></u>	4		Γ	X43=	1	OR	X88=		
Ľ	FIRST PRESE	NTATION OF ME	ATIPLE DE	ENDEN	CLAIN	<u> </u>	T	+145=	1	OR	+290=		
•	TOTAL												/
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Rittel or Independent) is the highest number tound in the appropriate box in column 1.												
	The "Highest Nur	iber Previously Pai	s For (Total o	r independ	ary & Vi	s enfluent urtuges		n er ma ak	. ·		·/	•	l